Wilson Barracudas Swim Team

Emergency Medical Release

In case of emergency, I understand that every effort will be made to contact me, the parent/guardian of the swimmer. In the event that I cannot be reached, I hereby authorize emergency care for my child during participation in the WBST program. If treatment is deemed necessary for injury or illness, I give permission to the attending physician to hospitalize and/or secure proper treatment for my child. I understand I am financially responsible for any expense for medical care incurred on my child’s behalf. I release WBST, the Wilson Rec Center, and its employees from any responsibilities for injuries incurred during my child’s participation in the WBST program.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Swimmer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of an emergency, the persons listed below may be called in the following order:

Allergies:

Any medications currently prescribed pertinent to swimming (asthma, diabetes, etc.)

Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_